

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595874

FILING DATE

17 APR 2007

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | / | | | | |
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| 49 | / | / | | | | |
| 50 | / | / | | | | |
| TOTAL IND. | 3 | 3 | 3 | 3 | 3 | 3 |
| TOTAL DEP. | 20 | 20 | 20 | 20 | 20 | 20 |
| TOTAL CLAIMS | 23 | 23 | 23 | 23 | 23 | 23 |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 97 | / | / | / | / | / | / |
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| 99 | / | / | / | / | / | / |
| 100 | / | / | / | / | / | / |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |